

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

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|--|--|
| NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc. | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00564765 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee STRATEGIC PARTNERS & MEDIA, INC. | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div> | |
| Mailing Address PO BOX 480 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16152.27</div> | |
| City ARNOLD | State MD | Zip Code 21012 | Transaction ID : SE24.197 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 21 / 2014</div> </div> |
| Purpose of Expenditure TV/MEDIA PRODUCTION | | Category/Type | |
| Name of Federal Candidate DAN SULLIVAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">668252.27</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____ |

| | | | |
|---|-------|---|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> | |
| Mailing Address | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure | | Category/Type | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; text-align: right;">16152.27</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures..... ► | <div style="border: 1px solid black; padding: 2px; text-align: right;">16152.27</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III
[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature